

New Jersey Department of Health and Senior Services

JACC CO-PAY WORKSHEET

1. Participant: _____ 2. JACC ID No.: _____

3. Case Management Site: _____ 4. Case Manager No.: _____

5	Income (All amounts entered as gross unless otherwise indicated.)	Monthly	Annual
6	Social Security Retirement (net)		
7	Social Security Disability (net)		
8	Pensions		
9	Interest Bearing Accounts		
10	Veteran's Administration Benefits		
11	Alimony		
12	Earnings, Salary, Tips		
13	Worker's Compensation		
14	Net Rental Income		
15	Unemployment Benefits		
16	Income of Spouse		
17	Disability Income		
18	Other Income		
19	Total		
20	Deductions		
21	Supplemental Medical Insurance Premium		
22	Prescribed Medical Expenses not reimbursed by insurance		
23	Subtotal Deductions or standard deduction of \$160 individual, \$309 couple		
24	Income minus deductions (line 19) _____ minus (line23) _____		
25	Amount of Co-Pay Due		

SIGNATURES:

26. JACC Participant: _____ Date: _____

27. Case Manager: _____ Date: _____

Monthly Income		Co-Pay Amount
Individual	Couple	
\$0 – 981.99	\$0 – 1,323.99	\$0
\$982 – 1,292.99	\$1,324 – 1741.99	\$15
\$1,293 – 1,661.99	\$1,742 – 2238.99	\$30
\$1,662 – 2,030.99	\$2,239 – 2,736.99	\$60
\$2,031 – 2,399.99	\$2,737 – 3,233.99	\$90
\$2,400 – 2,695	\$3,234 – 3,632	\$120